MULTI-UP MARKETING SYSTEM (MUMS)

Membership & Distributor Application Form

Thank you for your interest in joining MUMS. Complete this form clearly.

1. Personal / Business Information

Full Name:

Business Name (if any):

Address:

City / Province / Postal Code:

Phone: **Email:**

2. Membership / Distributor Options

☐ **Standard Member — $99.95 (annual)**

☐ **Distributor — $3,000 (one-time)**

☐ **Senior Manager — $6,800 (one-time)**

Other (specify):

3. Payment Details

Preferred Payment Method:

Amount to be paid:

Payment reference / notes:

4. Declarations & Agreement

By signing below I confirm the information is true.

Signature: Date:

Printed Name:

5. Privacy & Contact